OCT 1 1 2007

PTO/S8/22 (10-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Option	Docket Number (Optional)			
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		60	600323-057			
Application Number 10/016,529	Filed December 10	Filed December 10, 2001				
For Global Service Management System for	r an Advanced I	ntelligent Network				
Art Unit 2152		Examiner Lan Dai	Examiner Lan Dai T. Troung			
This is a request under the provisions of 37 CFR 1.13 application.	36(a) to extend the p	erlod for filing a reply in th	e above identified			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
	<u>Fee</u>	Small Entity Fee				
One month (37 CFR 1.17(a)(1))	\$120	\$80	\$			
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$			
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00			
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	s			
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	S			
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number50-4026 I have enclosed a duplicate copy of this sheet.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Adjustment date: 01/23/2008 CKHLOK						
I am the applicant/inventor.	182 Fi	72007-SSITHIBI 0000007 :1253	1" 504026 10016529			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
x attorney or agent of record. R	Registration Number	er48,126				
attomey or agent under 37 C	FR 1.34. der 37 CFR 1.34					
1111.0		Octobe	r 11, 2007			
Signature			Date			
Timothy J. Bechen			212-328-6100			
Typed or printed name	Teleph	Telephone Number				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

X Total of

forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

10/15/2007 SSITHIB1 00000071 504026

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UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 01/16/08 2 Serial/Patent # 10/016,529							
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED 6 AMOUNT			
Filing					\$		
Amendment					\$		
χ Extension of Time		wfee		10/11/07	\$ 1,050.00		
Notice of Appeal/Appeal					\$		
Petition					\$		
Issue					\$		
Cert of Correction/Terminal Disc.					\$		
Maintenance					\$		
Assignment					\$		
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	Overpayment		X Credit Deposit A/C #:				
	Duplicate Payment		9 5	5 0 4	0 2 6		
χ No Fee Due (Explanation):							
Extension of time submitted after extendable period.							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Sherry D. Brinkley TITLE: Petitions Examiner							
SIGNATURE: 2-3204 PHONE: 2-3204							
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)